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CONFIRMATION NO. 3966

|   |   |                           |                        |   |
|---|---|---------------------------|------------------------|---|
| SERIAL NUMBER<br>10/721,021   | FILING OR 371(c)<br>DATE<br>11/24/2003<br>RULE  | CLASS<br>033              | GROUP ART UNIT<br>2859 | ATTORNEY<br>DOCKET NO.<br>431591  |
| <b>APPLICANTS</b><br>Michael G. Hoeting, Cincinnati, OH;<br>Stephen C. Hoeting, Cincinnati, OH;   |   |                           |                        |   |
| <b>** CONTINUING DATA *****</b><br><i>Cliff</i><br>This application is a REI of 09/908,529 07/18/2001 PAT 6,543,284 which is a CIP of 09/313,686<br>05/18/1999 PAT 6,263,732  |   |                           |                        |   |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>Cliff</i><br><i>work</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/30/2004</b>   |   |                           |                        |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and<br>Acknowledged <i>Cliff</i><br>Examiner's Signature <i>John</i> Initials <i>JH</i> |   | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>37   |
| <b>ADDRESS</b><br>27717   |   |                           |                        |   |
| <b>TITLE</b><br>VESSEL WITH MEASURING CAPABILITY  |   |                           |                        |   |
| FILING FEE<br>RECEIVED<br>856   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           |                        | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |